

10-15-04

Atty. Dkt. No. 355492-2554

RCE *efw*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Thomas J. WHALEN, et al.

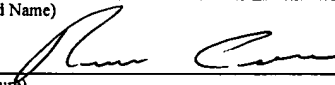
Title: NOVEL HIGH VISCOSITY
EMBOLIZING
COMPOSITIONS

Appl. No.: 09/973,951

Appl. Filing Date: October 11, 2001

Examiner: S. Sharareh

Art Unit: 1617

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 532154038 US	10-13-04
(Express Mail Label Number)	(Date of Deposit)
Rene Campos	
(Printed Name)	
	
(Signature)	

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

a. Previously submitted:

b. Enclosed are:

[X] Reply pursuant to 37 CFR 1.114 (3 pgs.);

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- [X] Copy of the Information Disclosure Statement originally filed July 23, 2004;
- [X] Copy of Form PTO-1449 with a copy of 2 foreign patents and 1 article and foreign search report, originally filed July 23, 2004;
- [X] Date stamped Postcard from Information Disclosure Statement filed July 23, 2004.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$770.00	= \$770.00
Total Claims:	20	- 20	=0	x \$18.00	= \$0.00
Independents	3	- 3	=0	x \$86.00	= \$0.00
First presentation of any Multiple Dependent Claims:				\$290.00	= \$0.00
CLAIMS FEE TOTAL:					= \$770.00

- [X] Check No. 867334 in the amount of \$790.00 to cover the filing fee is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date October 13, 2004

By Lorna L. Tanner

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